

Bring Sons To Work

"Bring Your Sons to Work Day" at the Utah Department of Health will be Thursday, Dec. 3. In order to get a count of the number of parents and sons who will be participating. Please let your Division representative know as soon as possible so we can get a count and get name tags prepared. The representatives also have a letter to teachers to release your son(s).

We are looking forward to having a great day!

The representatives are:

HSI - Wendee Pippy/Marsha Bentley - 538-6152.

OIT - Judy Komatsu - 538-6125.

Employee Support - Steve Barry - 538-6109.

HRM - Loretta Salazar - 538-6913.

Health Policy Commission - Audrey Jacobsen - 538-9335.

EPI/Lab - Karin Parker - 538-6249.

EPI/Lab - Steve Price - 584-8455.

Community & Family Health - Lori Brassaw - 538-6161.

Health Care Finance - Lynette Lynch - 538-9087.

—Wendee Pippy, HSI

Cannon Security Plan

Due to delays from the manufacturer of the computerized door opening sys-

tem, the Cannon Health Building security system isn't scheduled to be operational until after the first of the year.

Kim Wixon, director of Employee Services, hopes to have the system fully operational before the legislative session.

—Ross Martin, EDO



Big Tobacco Settlement

On Nov. 16, Attorney General Jan Graham announced that she was accepting on behalf of Utah a settlement agreement worked out with the four major tobacco companies. The agreement was negotiated by eight states. Utah will receive up to \$836 million over 25 years, although the federal government may claim up to 75 percent of that amount.

The Attorney General will petition federal Judge Dee Benson to adopt the settlement agreement. The Legislature may be asked to pass a bill to tax non-participating tobacco companies to create fair market practices.

The agreement intentionally avoided all issues that would require Congressional action, such as resolving the jurisdiction of the FDA to regulate nicotine in tobacco. Major criticism of the agreement has focused on the lack of look-back provisions that would set measurable standards to judge whether efforts by the tobacco companies to reduce teen smoking are working.

—Ross Martin, EDO

People, Things & Stuff...

CANNON FOOD DRIVE

The Cannon Building Food Drive will run through Dec. 23. Please drop off non-perishable foods or checks to Mary Kathryn LaFollette, HRM, at the front desk.

Great foods to give are canned meats, peanut butter and chili con carne.

Last year we gave 336 lbs. of food and \$300. Let's go for 500 and \$500!

Thank you for your support! For more information contact Ross Martin, OED, 538-339.

SUN-FOR-SANTA

Sub-For-Santa, c/o the U.S. Marines, will offer UDOH employees a chance to donate new toys to needy kids. Watch for details next week.

OIT UPDATES

The Office of Information Technology will be e-mailing an OIT Update each week. This is to inform you of important information about schedules, upgrades, updates, and services that will affect your data processing capability. We will keep you informed about what is happening in the Cannon Health Building, as well as what is affecting us on a State level.

For more information and projected schedule on this project please visit (<http://168.179.100.80/oit/news/news.html>).

If you have any questions or input, please call the HELPLINE at 538-6125.

NEW CAFETERIA MANAGEMENT

For those very few of you who haven't noticed, the cafeteria in the Cannon Building is under new management. Mike Romriell, manager, has renamed the establishment "Mike's Too."

In addition to dramatically improving the daily fare, Mike's Too will be happy to handle catering for meetings and parties. Further, they will be happy to bake pies or handle other special orders. Just allow some notice, please.

Call Mike or Chef Mark Nelson at 538-6932.

INSIDE THIS ISSUE!

- **Message from Rod.**
- **You May Have Diabetes.**
- **Hold Down Holiday Weight.**
- **Has Influenza Arrived?**
- **Dec. 1 World AIDS Day.**
- **Recycle Old Hearing Aids.**
- **Stuff, Calendar and Announcements!**

From the Executive Director...

Should We Automatically Assign Medicaid Recipients To a Health Plan—Auto-Enrollment—Or Help Them Make An Informed Choice As To the Best Health Plan For Their Family?

By Rod Betit

Balancing good customer service against achieving operating efficiencies is as big a challenge for the public sector as it is for private companies. For example, businesses and governments often substitute electronic responses for what used to be person-to-person public contact. Haven't you been stuck in a voice mail loop, or waited on hold an inordinate amount of time while a chipper voice message thanked you for holding?

Most states take this approach to helping—or more accurately not helping—Medicaid clients select the health plan that is best for them. They believe that new enrollees can figure this out for themselves, and that once they select a plan if they run into problems the health plan will help them work it out to their satisfaction. Some states go even farther and auto-enroll new Medicaid clients randomly in a managed care plan. This process of connecting Medicaid recipients to health plans varies from state-to-state as do the results.

Personally, I believe the use of auto-enrollment must be kept to a minimum. In my view, not being able to choose your health plan in a public setting undercuts one of the most important tenets of managed care—individual choice. Not being able to choose your plan initially, or to switch plans if you are dissatisfied, places far too much power in the hands of the health plans.

Utah Medicaid not only gives its consumers a choice, but it also gives them an ongoing personal advisor once eligibility is established. Medicaid, and now CHIP recipients too, have the option of seeing a specially trained health program representative whose job is to connect the consumer with the best possible plan for them, and to help them to most effectively

use their benefits under and HMO type arrangement.

Utah Medicaid has 12 HPRs working the Wasatch Front. In rural areas, where managed care isn't yet offered, we contract with the local health departments to assist Medicaid clients. What do Wasatch Front HPRs do to help Medicaid consumers navigate the complexity of managed care?

First, they help the family select the best plan for them. HPRs fully inform consumers of each plan's offerings and the subtle differences between each. This keeps down the number of disgruntled clients and minimizes switching between plans. Here is a sample of the information HPRs can share with consumers:

- Plan performance data .
- Availability of physician specialties.
- Percentage of complaints filed per 1000 enrolled.
- Patient satisfaction survey results.
- Cost sharing requirements.
- Prior authorization expectations.
- Availability of a preferred primary provider.
- Medical outcome data.
- Average waiting period for appointments.
- Extent of any pharmacy limitations.

Second, HPRs can take the time to educate Medicaid consumers about the proper use of managed care. We do not just assume that they intuitively understand the differences between managed care and fee-for-service.

Third, HPRs help address special population needs and language barriers before problems arise. Utah Medicaid covers interpretive services.

Fourth, HPRs help to level the playing field between plans in the recruitment process. This is important because Utah Medicaid managed care is generally a profitable part of an HMO's portfolio. This is also important because Utah requires all Medicaid consumers on the Wasatch Front to select a managed care plan. In most states just the AFDC-related population is on managed care because it is easier for health plans to predict their needs when negotiating a fixed

price contract. When you combine AFDC-related with the aged, blind and disabled estimating plan financial exposure is more difficult. This is important from a health plan financial perspective, too. Why? When a plan reports an excessive burden of sicker consumers, we can feel more confident that it is truly adverse selection and then make adjustments in their reimbursement to compensate for that.

Fifth, HPRs provide a forum to work out personality/perception differences and create a neutral environment in which to make provider reassignments or health plan changes if necessary.

Sixth, HPRs conduct exit interviews with clients switching plans to understand the reasons why/what is motivating them? For example, are health plans encouraging consumers to switch rather than working through issues?

To get a sense as to how critical this informing and advocacy work is, one only need look at the telling difference in statistics in a recent comparison of eight state's enrollment practices. These numbers reflect the percentage of Medicaid families that are automatically assigned to a health plan versus being able to pick the right plan for their family.

Utah: 1 percent
Rhode Island: 7-9 percent
New Jersey: 10 percent
Connecticut: 18 percent
Delaware: 20 percent
Indiana: 32 percent
Wisconsin: 40 percent
Minnesota: 11 percent with 1915b waiver, 65 percent with 1115 waiver

These numbers show me that Utah has a Medicaid enrollment process that is aimed at meeting the needs of both the health plans and the consumer in a balanced manner. The fact that only 1 percent of Utah's Medicaid families have to be auto-enrolled because they do not avail themselves of this service underscores how important this service is to our Medicaid families. Utah's HPRs do a super job of helping people navigate the complexities of today's more sophisticated health care system. I truly believe that if the private commercial market offered a similar level of service, the public's perception of managed care would be more positive.

HEALTH NOTES INFORMATION

Health Notes is a monthly publication for employees of the Utah Department of Health, published by the Utah Department of Health, Rod Betit, executive director.

Articles may be submitted to: Health Notes, Box 144102, Salt Lake City, UT 84114-4102. The Health Notes office is in EDO.

Please contact Ross Martin, public information officer, (538-6339) with questions, comments or articles for publication.

Utah Diabetes Facts

Diabetes is a serious chronic disease that affects 16 million Americans and is predicted to double in numbers in the next fifteen years.

Approximately 116,000 Utahns have diabetes, but between thirty and fifty percent do not know they have the disease because they have not yet been diagnosed. Among Utahns older than 65, approximately 12 percent have diabetes.

Results from a 1998 survey conducted by the Utah Department of Health show that most Utahns (81 percent) know that diabetes is a serious disease. However, only about one third of Utahns believe they are at risk of developing diabetes. In fact, many more Utahns may be at risk because of older age, a family history of diabetes, being overweight or inactive, or being a member of a racial/ethnically diverse population.

Diabetes affects both quality and length of life. In Utah, and nationally, diabetes is the seventh leading cause of death. However, when adjusted for differences in age, rates for diabetes as an underlying cause of death are consistently higher in Utah each year than national rates. Almost 1,000 Utahns die from diabetes and diabetes-related conditions yearly, many of them prematurely before age 65. Diabetes is the leading cause of adult blindness, amputation of a leg or foot, and progressive kidney disease.

People with diabetes are also two-to-four times more likely to have a heart attack or stroke than people without diabetes. In addition to the human burden of diabetes, there is also a huge financial burden.

Nationally, the direct costs of diabetes are more than twice the direct costs of cancer and HIV/AIDS combined. In Utah, it is estimated that the direct medical care cost and indirect (disability, work loss, premature mortality) cost of diabetes was about \$473 million in 1992, and costs continue to increase each year as more people are diagnosed with the disease.

The news about diabetes isn't all bad. A landmark study, the Diabetes Control and Complications Trial (DCCT), definitively proved that over 60 percent of diabetes-related complications such as eye, nerve, and kidney disease can be prevented by receiving appropriate medical care and training the individual with diabetes in how to properly manage their disease. People can also reduce their risk of developing diabetes by maintaining appropriate weight and exercising

regularly. New federally endorsed guidelines released this year recommend that all adults be tested for diabetes by age 45 and then every three years thereafter.

—Brenda Bodily, Chronic Disease

Less Holiday Gain

One of the toughest challenges during the holidays is keeping off extra pounds—especially when the party circuit gets in full swing. Here are some tips to prevent going overboard on your calories when you attend business, friend or family events.

Don't go to a party hungry. Eat something before you go.

Weigh your food choices. If you really have to have that cherries jubilee for dessert, then make up for it by not eating hors d'oeuvres or chips or other snacks being served.

Socialize. Make meeting and talking with people your main focus. Keep your back to the buffet table and mingle. In fact, if you are in a situation where you don't know everyone, make it a goal to meet someone new.

Watch your drinking. Not only do alcoholic beverages have lots of calories, too many will lower your inhibitions.

Wear a reminder. Put on a particular tie or piece of jewelry to remind yourself to eat in moderation.

All in all, use common sense during the holidays. Enjoy this festive time of year, but do so in moderation. If you would like more information on how to handle the holidays, call Healthy Utah at 538-6261 or visit our website (www.healthyutah.org).

—Jeni Libin, Healthy Utah

Flu Isn't Here—Yet

The Bureau of Epidemiology has 14 sentinel physicians and 19 schools enrolled for influenza surveillance during the 1998-99 influenza season.

Physicians' offices will be called once a week and asked about the number of patients they have seen during the past week for "flu-like illnesses." Schools will be called once a week and asked about absenteeism during the past week.

These combined indicators have provided us with a reasonably accurate picture of when influenza "hits" Utah and how severe it is. This active surveillance will continue throughout the influenza season.

While some of our Utah sentinel physicians report that they have been seeing a few patients with "flu-like" illnesses, nothing is lab-confirmed yet. School absenteeism remains unremarkable.

—Ross Martin, EDO

THE HEALTH NOTES CALENDAR

Please submit all calendar items to Ross Martin, EDO

HEALTHY UTAH: Are you extremely busy, but still care about your health? If so, become a member of Healthy Utah and participate in Testings, Wellness Connections, Personalized Health Sessions and other health-related activities. To sign up or ask questions call, 538-6261.

UTAH CANCER CONTROL PROGRAM: For information on when, where, and how much cancer screening tests and clinics will be, please call 1-800-717-1811.

OFFICE OF ETHNIC HEALTH BROWN BAG SEMINAR: "Farmworker Health," Saul Ramos, Utah Farmworker Health, Dec. 9, noon-1 p.m., 125 Cannon Health Building.

HEALTH NOTES DECEMBER ISSUE DEADLINE: Dec. 14, 5 p.m. Anyone may submit articles and/or letters to Ross Martin. Information: 538-6339.

PREVENTING SEXUAL HARASSMENT TRAINING: Dec. 15, 9-11 a.m., 101 Cannon Health Building. Space is limited to 25 employees. Information and registration: Mary Kathryn LaFollette, 538-6003.

PREGNANCY RISKLINE CONFERENCE: "Thalidomide: Impact on the Practitioner," Jan. 30. Information: Julia Robertson, 538-6963.

Dec. 1: World AIDS Day

Last year, an estimated 5.8 million people worldwide were newly infected with HIV. Nearly half of all new infections occurred in young people between the ages of 15-24. In fact, according to UNAIDS, five young people, ages 10-24, are infected with HIV each minute. This results in 7,000 new youth infections every day and 2.6 million infections each year.

In the U.S., AIDS related illnesses are the sixth leading cause of death for young people. In 1997, 13,000 young adults were reported with HIV, most through sexual contact. Yet, in our society, many adults are still often reluctant to talk openly with young people about sex and other realities of their lives.

Thus far in 1998, 28 Utahns between the ages of 13-29 have been reported with HIV disease. Many, many more young people are impacted by the disease through their relationships with the nearly 2,400 Utahns living with the disease.

Tuesday, Dec. 1, is the 11th annual World AIDS Day. The theme this year is "Force for Change." This organized effort is designed to encourage public support for programs that prevent the spread of HIV infection and to provide education and awareness of issues surrounding HIV/AIDS. World AIDS Day kicks off a year-long campaign to raise awareness about youth and HIV/AIDS.

This fall, organizations throughout Utah have been working with youth to design and implement HIV prevention activities. The theme, "Force for Change," challenges young people around the world to recognize the crucial role they play in the ever-changing course of the AIDS pandemic. The theme is intended to be a call to action for young people and adults. Young people can get involved in reducing their risk and the spread of HIV/AIDS by educating their peers and by developing responsible, healthy habits.

Adults can support youth in their efforts to do so. Adults can also support youth by developing policies which protect the rights of young people to be informed and educated about the risk of HIV/AIDS by establishing programs which provide access to needed medical and social services. Also, by ensuring that young people are protected from discrimination or exploitation resulting from their lifestyle choices/realities.

Every adult in Utah has an opportunity this next year to show their commit-

ment to keeping Utah kids safe and healthy, physically and emotionally, by becoming educated about HIV disease and by working to ameliorate the social conditions which contribute to the risk of infection.

The kick-off event will be the annual candle light vigil to be held on Tuesday, Dec. 1, 5:30 p.m., at Rowland-Hall St. Marks High School in Salt Lake City. The purpose of the vigil is to remember those who have died from complications related to HIV/AIDS and to come together in support of those living with the disease, and to recognize the millions of young adults worldwide who are affected directly and indirectly HIV/AIDS.

The entire candle light vigil program will be youth focused and youth, their teachers, families and friends are strongly encouraged to attend.

For more information call Bronwen Calver, at the American Red Cross, 323-7011.

—Sara Jordan, HIV/AIDS

A Gift of Hearing

The Department needs used hearing aids to help hearing-impaired children and their families who cannot afford to purchase new aids. You can give the gift of hearing by making a charitable contribution to the Hearing Aid Recycling Program.

According to Nita Owens, health program representative with Hearing, Speech and Vision Services, there are many useable hearing aids that are not being worn. When people donate used aids we test and, if necessary, repair them, says Owens. We then fit them, according to each child's needs, on hearing-impaired children, up to 18 years of age, from financially needy families statewide. Those who may not be able to pay for new hearing aids for their child should call us to find out if they qualify for recycled aids.

To donate hearing aids or to qualify for used ones, call Nita Owens, 584-8221, or write to Hearing, Speech and Vision Services, 44 North Medical Drive, Salt Lake City, Utah, 84113.

People outside the Salt Lake City calling area may call 1-800-826-9662 (Baby Your Baby Hotline) and ask the receptionist to be transferred to Hearing, Speech and Vision Services. Donors will receive a self-addressed, stamped, packing envelope in which to return the aid(s). Included in the package is a letter from the Program acknowledging the contribution. Donating hearing aids may

be considered a charitable contribution for federal tax purposes.

—Ross Martin, OED

People, Things & Stuff...

INCLEMENT WEATHER POLICY

Gov. Mike Leavitt released a new Inclement Weather Policy that went into effect on July 1.

The policy states that if you decide not to come into work on an inclement weather day, you will have to use your own leave (annual, comp, etc.), or make up the time during the rest of that week.

If you do attempt to make it to work on time, but are held up due to weather, compensation may be given. Please work with your supervisor when this comes up.

Employees should not wait for a phone call or news announcement about state agencies being open. Each employee should make a decision whether to stay home and either take leave or come to work.

For more information, contact Char Pehrson at 538-6623.

LOTS OF RABIES TESTS THIS YEAR

The Virology Lab set two monthly records for rabies testing this year. First, there were 13 bats that tested positive. Second, there were 137 animals tested for the virus.

Among the animals tested: 51 bats, 37 dogs, 36 cats, 1 mink, 1 skunk, 1 pig, 1 squirrel, and 7 raccoons.

PROTECT YOUR VALUABLES

For those of you parking in the various UDOH lots, please make sure anything of value is locked up where it can't be seen. It takes just seconds for a thief to break a window and take a cellular phone, laptop computer, purse, or brief case.

E-MAIL AND OTHER HOAXES

Please do not spread unconfirmed warnings about viruses, trojan horses or unconfirmed chain letters. If you receive any of these, please pass it to OIT.

Often the perpetrators of a hoax get a thrill from the knowledge that an unsuspecting person will forward an e-mail throughout an organization.

"GET SMART" REVISITED

Steve McDonald, CFHS, wants to know how many of us remember Maxwell Smart. "I feel just like Maxwell Smart everytime I walk through the first floor hall now. You have to walk through seven doors to get from one end of the building to the other."